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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	
Filing Date	Herewith
First Named Inventor	Douglas Levinson
Title	High Throughput Methods..
Art Unit	
Examiner Name	
Attorney Docket Number	TPIE016+/WO US

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Paul Burgess	53,852 (2)
Christopher Olson	55,510

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Paul Burgess				
Address	TransForm Pharmaceuticals, Inc. 29 Hartwell Avenue				
City	Lexington	State	MA	Zip	02421
Country	USA				
Telephone	(781) 674-7816	Fax	(781) 863-7208		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	12-03-2004
Name	Douglas Levinson	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Rec'd PCT/PTO 03 DEC 2004

PTO/SB/81 (11-04)

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INDICATION FORM**

Application Number	
Filing Date	Herewith
First Named Inventor	Douglas Levinson
Title	High Throughput Methods..
Art Unit	
Examiner Name	
Attorney Docket Number	TP1P016+/WU US

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☒ Practitioner(s) named below:

Name	Registration Number
Paul Burgess	53,852
Christopher Olson	55,510

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OR

☐ The address associated with Customer Number:

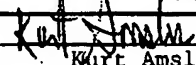
OR

<input checked="" type="checkbox"/> Firm or Individual Name	Paul Burgess				
Address	TransForm Pharmaceuticals, Inc. 29 Hartwell Avenue				
City	Lexington	State	MA	Zip	02421
Country	USA				
Telephone	(781)674-7816	Fax	(781) 863-7208		

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	12/3/04
Name	Kurt Amsler	Telephone	(313) 659-9387
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 3 forms are submitted.

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	
Filing Date	Herewith
First Named Inventor	Douglas Levinson
Title	High Throughput Methods..
Art Unit	
Examiner Name	
Attorney Docket Number	TFIB016+/WO US

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Paul Burgess	53,852
Christopher Olson	55,510

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OR

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Paul Burgess				
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City	Lexington	State	MA	Zip	02421
Country	USA				
Telephone	(781)674-7816	Fax	(781) 863-7208		

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☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Matthew Peterson</i>	Date	1-Dec-2007
Name	Matthew Peterson	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 3 forms are submitted.

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PTO/SB/01 (09-04)

Approved for use through 07/31/2006. OMB 0651-0032

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**



Declaration  
Submitted  
With Initial  
Filing

OR



Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket  
Number

TPIP016+/WO US

First Named Inventor

Douglas Levinson

COMPLETE IF KNOWN

Application Number

Filing Date

Herewith

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

HIGH-THROUGHPUT METHODS AND SYSTEMS FOR SCREENING OF COMPOUNDS TO  
TREAT/PREVENT KIDNEY DISORDERS

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to: ☐ The address associated with Customer Number:  OR ☒ Correspondence address below

Name

Paul Burgess

Address

TransForm Pharmaceuticals, Inc.  
29 Hartwell Avenue

City

Lexington

State

MA

ZIP

02421

Country

USA

Telephone

(781) 674-7816

Fax

(781) 863-7208

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**NAME OF SOLE OR FIRST INVENTOR:**

A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Douglas

Family Name or Surname

Levinson

Inventor's Signature

Date

12/2/04

Residence: City

Sherborn

State

MA

Country

USA

Citizenship

US

Mailing Address

111 Maple Street

City

Sherborn

State

MA

Zip

01770

Country

USA

**NAME OF SECOND INVENTOR:**

A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Kurt

Family Name or Surname

Amsler

Inventor's Signature

Date

Residence: City

Southborough

State

MA

Country

USA

Citizenship

US

Mailing Address

21 Richards Road

City

Southborough

State

MA

Zip

01772

Country

USA



Additional inventors or a legal representative are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

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PTO/SB/01 (09-04)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to:	<input type="checkbox"/> The address associated with Customer Number.		OR	<input checked="" type="checkbox"/> Correspondence address below
Name Paul Burgess				
Address TransForm Pharmaceuticals, Inc. 29 Hartwell Avenue				
City Lexington		State MA		ZIP 02421
Country USA	Telephone (781) 674-7816		Fax (781) 863-7208	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any)) Douglas		Family Name or Surname Levinson		
Inventor's Signature				Date
Residence: City Sherborn	State MA	Country USA	Citizenship US	
Mailing Address 111 Maple Street				
City Sherborn	State MA	Zip 01770	Country USA	
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any)) Kurt		Family Name or Surname Amsler		
Inventor's Signature <i>Kurt Amsler</i>				Date 12/2/04
Residence: City Southborough	State MA	Country USA	Citizenship US	
Mailing Address 21 Richards Road				
City Southborough	State MA	Zip 01772	Country USA	
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.				

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**DECLARATION****ADDITIONAL INVENTOR(S)**  
Supplemental SheetPage 3 of 3

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Matthew		Peterson	
Inventor's Signature <i>Matthew Peterson</i>		Date 1-Dec-2004	
Residence: City	Hopkinton MA	State	MA
Country	USA	Citizenship	US
Mailing Address 25 Downey Street			
City	Hopkinton	State	MA
Zip	01748	Country	USA
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
Country		Citizenship	
Mailing Address			
City		State	
Zip		Country	
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
Country		Citizenship	
Mailing Address			
City		State	
Zip		Country	

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